

Application Data Sheet

Application Information

Application Number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Title:: Anonymous Reporting and
Rewarding System and Method
Attorney Docket Number:: 1713973
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 2
Small Entity:: Yes
Petition included?:: No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Robert
Middle Name::
Family Name:: TEBERG
Name Suffix::
City of Residence:: Crystal Lake
State or Province of Residence:: Illinois
Country of Residence:: United States
Street of mailing address:: P.O. Box 1421
City of mailing address:: Crystal Lake
State or Province of mailing address:: Illinois
Country of mailing address:: United States

Postal or Zip Code of mailing address:: 60039-1421

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Andrew
Middle Name::	
Family Name::	KAUSER
Name Suffix::	
City of Residence::	Crystal Lake
State or Province of Residence::	Illinois
Country of Residence::	United States
Street of mailing address::	P.O. Box 1421
City of mailing address::	Crystal Lake
State or Province of mailing address::	Illinois
Country of mailing address::	United States
Postal or Zip Code of mailing address::	60039-1421

Correspondence Information

Correspondence Customer Number::	24240
Name::	John R. Crossan
Street of mailing address::	Chapman and Cutler LLP, 111 West Monroe Street, 16th Floor
City of mailing address::	Chicago
State of mailing address::	Illinois
Postal or Zip Code of mailing address::	60603-4080
Telephone::	312/845-3420
Fax Number::	312/803-5299

Repr s ntativ Information

Representative Customer Number:: 24240

Domestic Priority Information

Application:: This Application
Continuity Type:: An application claiming the
benefit under 35 USC 119(e)
Parent Application:: 60/427,806
Parent Filing Date:: 11/20/02

Foreign Priority Information

Country::
Application Number::
Filing Date::
Priority Claimed::

Assignee Information

Assignee Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::